CHAPTER 6:

Ensure Language Access

Introduction

When cultural competence is mentioned, the first thought that may come to mind is language. Language access is undoubtedly the most highly developed and discussed aspect of the CLAS standards. An online search for "language access" turns up many guides and resources.

The need to provide language assistance to clients whose first language is not English is clear. A number of federal and state laws establish language access requirements (see Appendix B: Overview of Laws). But beyond the obligations set by law, public health agencies have a responsibility to communicate effectively with clients. Offering care in a way clients can understand responds to their core needs. Providing language services is something virtually all health organizations must do.

While all successful language programs share common elements, each program must be tailored and scaled to the needs of the populations you serve. For a large, multi-site agency, an effective language access program might involve working with several languages and monitoring language services in multiple sites. On the other hand, a smaller youth agency may need to focus on only one language and culture.

The goal of this chapter is to present promising practices and to offer basic information to help you develop a language access program tailored to the clients you serve, the services you offer and the resources you have. As you do so, bear in mind that developing a successful program can take significant time and effort. Many resources are available to assist you. Seek to partner with language access experts and use the resources at the end of this chapter. The five-step guide presented in this chapter is loosely based on the U.S. Department of Justice's policy guidance for providing services to limited English proficient populations.[1]

U.S. Department of Health and Human Services. *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. U.S. Department of Justice. http://www.usdoj.gov/crt/cor/lep/hhsrevisedlepguidance.php (viewed December 13, 2008).*

Chapter 6 Guide

CLAS Standards Covered

Standard 4

Provide timely, effective language assistance services to limited English proficiency (LEP) clients at all points of contact.

Standard 5

Inform LEP clients verbally and in writing of their right to an interpreter at no cost.

Standard 6

Train and ensure the competence of interpreters and bilingual staff Don't use friends and family as interpreters, except as requested by the client (after being informed of the risks in their use).

Standard 7

Place signs in all points of entry informing clients of their right to an interpreter. Offer vital documents in primary languages.

Step 1. Identify Limited English Proficient (LEP) Populations

As with other areas of cultural competence, ensuring language access begins with data. Having updated information on the race, ethnicity and languages spoken in your service area is essential, especially when planning for interpreter services and translation. According to the Department of Health and Human Services, the obligation to provide meaningful access and language is fact-dependent.[1] In other words, the language services you should provide will be based on the number of diverse clients in your service area.

Who are the Limited English Proficient populations in your service area?

To establish a need and ensure proper services, seek reliable data about service populations. Learn who your clients are and what languages they speak. Reviewing demographic trends can also help agencies plan for languages that will be needed in the future.

Where do you find the facts?

When seeking data on limited English proficient populations, it is important to look at a variety of sources. This can help prevent confusion and offer a realistic sense of language needs. Taken individually, each source may have limitations. When combined, many sources can offer added depth and detail.

You can start with your agency's own data, but keep in mind that unless race, ethnicity and primary language data have been consistently collected, you may not get the full picture.

A successful group of data sources may include: patient utilization data; community-based organizations (Massachusetts Mutual Assistance Associations, faith-based organizations); immigrant and refugee advocacy groups; First Language is Not English (FLNE) and Limited English Proficient (LEP) surveys from the public school system; municipal boards of health; Massachusetts Community Health Information Profile (MassCHIP); and census data for your service area.

See Chapter 3 for more on data collection.

Limited English Proficient persons are defined by the U.S. Department of Health and Human Services Office of Civil Rights as individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.[2]

See:
Tool 3.4: REL Data Sources

TOOLS

Step 2. Assess Services and Language Needs

With updated demographic data in hand, you can move on to the next phase by completing a language services assessment. A language services assessment will help you identify needs and areas for improvement. What you learn after an assessment will set the basis for developing a language service program according to your needs and resources.

Federal guidelines recommend going about the process by asking[3]:

- What populations do you serve and what are their language needs?

- How important are your services for each population?

- What services are you providing?

- What are your resources? How can you meet language needs with those resources?

- How will you make populations aware of your services?

If your organization is getting started with cultural competence planning, you can complete a language assessment as part of the overall assessment discussed in Chapter 4. If you have a formal program in place, make language assessments part of your ongoing cultural competence evaluations.

The following questions can serve as a guide for cultural competence assessments.

- How many LEP individuals in the service area use your services?

- How many could potentially be using your services?

- How often do LEP populations come in contact with your program?

- What services do you offer?

- How important are these services to LEP populations?

- How are these services meeting the needs of LEP populations?

- What are the current interpretation and translation practices?

- Where in the organization are interpreter services needed?

- What types of interpreter services, at what frequency, are needed to meet the language needs of diverse clients?

- What are your resources?

- What are the costs of providing language access?

- What needs do you anticipate, and what additional resources will you need as new needs come up?

- How can you obtain new resources to meet increasing language needs?

- How can you bring your program to the attention of LEP populations?

A successful language services assessment should:

- Describe client demographics and needs
- Link services offered to client needs
- Identify areas and procedures to improve
- Anticipate the arrival of new LEP populations
- Analyze resources and costs
- Identify funding opportunities
- Identify best practices

See:
Tool 4.3: Assessment Resources

TOOLS

Step 3. Plan a Language Access Program

Common Elements of Successful Language Access Programs[4][5]

Though your agency's language access program will be unique to your needs, successful programs share common elements. According to field research by the Commonwealth Fund, successful language access programs plan, use consistent data and processes, use a variety of community resources, work only with trained professionals, and seek funding from a variety of sources.

Developing a language access program is an involved process. Using these best practices can help you organize your efforts and develop a standard. As you plan, it is important to remember that interpretation is a specific and complex skill set. Not all bilingual individuals are well-suited for interpretation. Working with only trained, professional interpreters can help your agency avoid many of the pitfalls of language services.

The steps to developing a successful language access program include the following:

- Designate a coordinator to oversee implementation, training and monitoring.

- Analyze language needs.

- Identify resources in the community.

- Determine what types of language assistance are best for the agency and its clients (e.g., trained staff interpreters, over-the-phone interpretation [OPI] or contract interpreters).

- Determine how to respond to LEP clients.

- Include interpreter scheduling and tracking systems.

- Notify LEP clients of available language services.

- Establish policies, standards, and procedures for interpreter services and translation of written materials.

- Update activities after periodic review.

See: **Tool 6.1: Key Elements of Successful Language Access Programs**

TOOLS

Interpretation and Translation: Not to Be Confused

In this guidance manual, a language access program is defined as one that includes both interpretation and translation. Though many people use the terms interchangeably, interpretation and translation are two different services. Both are important, but not the same.

Interpretation is the oral restating in one language of what has been said in another language.

Translation is written conversion of written materials from one language to another.

Step 4. Deliver Language Access Services

Field research done by the Massachusetts Department of Public Health[6] revealed three essential characteristics of successful language access programs. Successful programs offer interpreter services that are:

- Accessible to clients at all points
- Provided in a timely manner
- Offered by consistently trained interpreters

Whatever your specific language needs and resources, you can make sure the interpreter services you provide are accessible, timely, and qualified. As you work toward this goal, your ability to treat and communicate with clients who speak different languages will improve. As an added benefit, you will have proof of your efforts for contract and funding purposes.

The following chart summarizes guidelines and promising practices used in offering accessible, timely and qualified interpreter services.[7]

Whatever your specific language needs and resources, make sure the interpreter services you use are accessible, timely and qualified.

Making Language Services Accessible, Timely and Qualified	
Accessible	■ Assess language needs at all points of entry. ■ Inform clients verbally and in writing of their right to an interpreter at no cost. ■ Post signs in all points of entry informing clients of their right to an interpreter. ■ Offer interpreter services at all points of contact. ■ Offer vital documents and printed materials in the primary languages of the service area.
Timely	■ Offer timely, effective language assistance services.
Qualified	■ Consistently train interpreters and bilingual staff. ■ Evaluate interpreters and bilingual staff. ■ Ensure accuracy of printed materials. ■ Don't use friends and family as interpreters. ■ Never use children as interpreters.

Ensure Access to Language Services

Assess Language Needs

It is important to learn what a client's preferred language is as soon as possible. Ideally, you should ask clients what language they prefer to speak during intake or telephone registration and record this information in the client's file. Some ideas of how to do this include:

- Asking a set of standard questions in the registration process: What is your preferred written and spoken language? Do you need an interpreter?

- Using "I Speak" point to-cards to identify languages (see links below).

Inform Clients Verbally and in Writing of Their Right to Interpreter Services
According to the U.S. Department of Health and Human Services the public should be informed of the availability of interpreter services at all points of contact. Crucial points of contact for signs and notices include registration and waiting areas. Consider also service areas most frequently used by your limited English proficient clients.

Translation Services

Offer Printed Materials in the Primary Language of the Service Area
For programs with limited funds, developing written translations can be particularly challenging. You may wonder when it is necessary to translate or what materials should be translated. This section answers some common questions about translations.

How can I approach translation cost-effectively?
As you plan to translate materials, consider partnering with colleagues and community organizations. Using existing materials, as long as they are appropriate for your clients, can also be helpful.
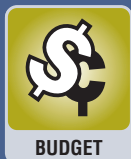
Translating on a Budget

- Use free client education materials from clearinghouses and universities.
- Share and "borrow" existing materials from colleagues.
- Use visual materials for low-literacy populations.
- Monitor language needs to anticipate languages for translation.

It is important to learn what a client's preferred language is as soon as possible. Ideally, you should ask clients what language they prefer to speak during intake or telephone registration and record this information in the client's file.

See:
Tool 6.5: Language Access Resources
For a free "You have a right to interpreter services" poster, visit:http://www.mass.gov/dph/healthequity
For "I Speak" language cards, visit: http://www.usdoj.gov/crt/cor/Pubs/ISpeakCards.pdf

When is it Necessary to Translate Materials?

The U.S. Health and Human Services Office of Civil Rights "Safe Harbor Laws" establish that organizations can offer sufficient proof that they are making an effort to meet the needs of LEP groups by providing written translations for at least:

- Ten percent of the eligible population or 3,000 clients, whichever is less, for all documents
- Five percent of the eligible population or 1,000 clients, whichever is less, for the most vital documents

Massachusetts Department of Public Health (MDPH) best practice recommendations for hospital-based interpreter services suggest that written translations should be provided for LEP populations that make up 15% of a program's clients.[8]

Thresholds aside, each agency is responsible for determining when it is necessary to translate materials. When serving in areas that are linguistically integrated, you have the potential to serve a very diverse population. The principle is simple: Ask who needs your services and how they will learn about or access those services.

- Who lives in your service area?
- What languages do they speak?
- What services do you have to offer?
- How important are your services for each population?
- How will you make populations aware of your services and information?

What materials should we translate?

You are best qualified to answer this question. According to the U.S. Health and Human Services Office of Civil Rights, documents that are "vital" to the program should take priority. Examples of vital documents include:

- Signs, directions and notices about the availability of interpreter services
- Legal documents:
  – Consent forms
  – Client rights and responsibilities
  – Privacy notices
  – Client complaint forms
  – Grievance policies
  – Client intake forms
  – Client education materials relevant to particular LEP populations

How can I meet the needs of lower-literacy clients?

Providing language-specific client materials may not address the needs of clients with lower literacy levels. Identifying and using a client's preferred language is a good first step, but is sometimes not enough. You may make every effort to translate materials, but if your client cannot read, your efforts will be in vain. Dig deeper to learn whether clients can really understand. Can they read well? Do they understand instructions?

Be sensitive. Remember that many lower-literacy clients are often too embarrassed to admit that they do not understand forms or that they struggle to communicate with medical staff.

Don't Assume Literacy

- More than 95 million Americans do not read well enough to understand a prescription label.
- More than 22 million patients report they do not speak English "very well."
- Clients with language and literacy limitations:
  – Use preventive services less often
  – Are more likely not to take medication as directed
  – Have worse health outcomes

Source: The American Medical Association, Ethical Force Program (2006)
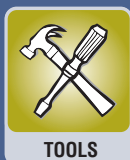
See:
Tool 6.4: Translation Checklist
Tool 6.5: Translation Resources

TOOLS

A 2008 Commonwealth Fund report[9] offers some helpful ideas for working with lower-literacy populations:

- Make it a team effort, beginning at the front desk.
- Use standardized communication tools.
- Use plain language, face-to-face communication, pictorials, and educational materials.
- Encourage clinicians to partner with clients to achieve goals.
- Commit to creating an environment where health literacy is not assumed.

Ensure Timely Delivery of Interpreter Services

Provide Timely Interpreter Services at All Points of Contact

Providing timely interpreter services can help your agency run more efficiently. Timeliness also helps you save money, especially if you are using contract interpreters and paying by the hour. For the client, it can be a matter of life or death. Overall, timely interpreter services can mean better service and satisfaction.

Offering timely interpreter services requires coordination. A scheduling and tracking system is an essential tool that can help your agency manage services. Find a system that fits your needs. If yours is a small agency, it may not make sense to invest in an electronic system. For a larger facility offering multiple languages, an electronic scheduling tool may be a good investment that will save money in the long run.

Provide Effective, Qualified Interpreter Services

When selecting interpreting services, consider your budget, services, language needs and duration of visits. Consider how feasible different types of interpreters might be for your program. Ask: Will interpretation for specific languages be required on a regular basis? How long will the interpreter be needed? For example, for short appointments, such as dental appointments, telephone interpreters can be more cost-effective than contract interpreters. On the other hand, for agencies regularly offering interpretation in a specific language, staff interpreters would be more adequate.

For your agency, timely services mean you run more efficiently. For the client, timeliness can be a matter of life or death. Overall timely interpreter services result in better service and satisfaction.

Contract, Staff, Bank or Telephone Interpreters?

Staff Interpreters
Hired as employees; helpful when there is a frequent need for a specific language.

Contract Interpreters
Hired per diem or as freelance interpreters. Typically paid a minimum of 2 hours per visit. Helpful for less frequently encountered languages.

Employee Language Banks
Pools of employees who can be called upon to interpret when needed. Work best when employees are evaluated and trained. Lists must be updated frequently.

Community Interpreter Banks
Community-based agencies contracted to provide trained interpreters—can serve as a shared resource. Especially helpful for interpreters from small populations.

Telephonic Services
Interpreters accessed over a telephone line. Most helpful when time is of the essence, for brief appointments, unusual or rarely encountered languages.

Source: Best Practice Recommendations for Hospital-Based Interpreter Services, Massachusetts Department of Public Health (2001)

Ensure Interpreting Staff are Qualified

Don't Use Family and Friends as Interpreters

Using family and friends for interpretation is discouraged by CLAS standards, HHS Office of Civil Rights (OCR) and Massachusetts Department of Public Health guidelines. You should never use a child to interpret.

If a client declines interpreter services and insists on using a family member or friend, your agency is responsible for informing him or her of the potential consequences. You should then document that interpreter services were offered and that the client declined interpreter services. OCR guidelines also recommend that an interpreter sit in on the encounter to make sure the interpretation is accurate.

Train and Ensure the Competence of Interpreters and Bilingual Staff

When dealing with critical health information, you want to be sure communication is accurate. Your client's health and your agency's reputation are both at stake. The importance of working with trained, professional interpreters cannot be emphasized enough. Ensuring that interpreting staff are trained and evaluated is essential and should be a standard part of your program.

Especially when working with bilingual staff, keep in mind that speaking a particular language does not ensure the ability to interpret in a health setting. The best of intentions can go to waste if your interpreters and bilingual staff are not trained.

Use appropriate evaluation and assessment tools. The tools at the end of this chapter offer helpful resources, including screening questions and evaluation resources.


Training, Training, Training!

Working with qualified, trained interpreters:
- Prevents errors
- Protects you from liability
- Helps ensure clients can follow instructions and improve their health
- Saves time and money in the long run

It only takes one adverse outcome to make a whole community avoid you in the future. Each and every time needs to be with a trained, qualified interpreter.

– A Central Massachusetts public health professional
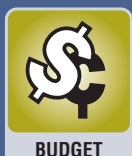
Cost-Effective Strategies for Interpreter Services

BUDGET

The following are adapted from discussions[10] with Massachusetts public health agencies:
- Hire and train bilingual staff to interpret.
- Use dual-role interpreters-- trained staff interpreters who can fill more than one role (e.g., data entry, client education).
- Keep track of interpreting costs.
- Use interpreter services in cost-effective ways.
- Manage time efficiently with a tracking and scheduling system.

TOOLS

See:
Tool 6.3: Telephone Interpreting Services

Tool 6.5: Language Access Resources

Who Should Receive Interpreter Training?

Offer training to all staff and contractors involved in the interpreting process, including bilingual staff who regularly interact with clients, employee language bank interpreters, contract or volunteer interpreters, and staff and providers who regularly work with interpreters to communicate with clients.

Topics for Interpreter Training

While topics for training should be tailored to your needs, a few suggested topics for interpreter training include:

- The link between cultural and linguistic care and improved health outcomes

- Legal requirements and policies

- Quality-of-care issues

- The importance of using qualified interpreters

- Information about your programs and services

- Basic health terminology

- Interpreter ethics (confidentiality, accuracy, completeness and ethical decision-making)

- Interpreter intervention techniques, roles, protocols and procedures.
- Interpreter skills (consecutive and simultaneous interpreting, sight translation, patient advocacy, cultural mediation, cross-cultural communication).

Successful interpreter programs have found it helpful to use training opportunities available through local universities and interpreting associations.

Step 5. Adapt Language Access Programs on a Regular Basis

Providing effective language services is an ongoing process. In interviews with the Massachusetts Department of Public Health, public health professionals have echoed that meeting the language needs of diverse clients is an ever-changing effort. With the arrival of new populations and changing needs, it becomes essential to adapt and update the way language services are provided.

To stay current and relevant, language access program coordinators should regularly evaluate their programs. The process outlined in this chapter not only applies to agencies developing a formal language access plan, but also to those conducting assessments of these plans.

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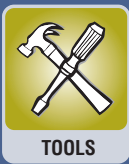
See:
Tool 6.2: Interpreter Competencies and Screening Questions
Tool 6.5: Training Resources

TOOLS

Conclusion

In your ongoing efforts to maintain a current language access program:

- **Monitor** LEP populations.
- **Assess** services and language needs.
- **Plan** improvements to your language access program.
- **Deliver** effective language access services according to changing needs.
- **Adapt** language access programs on a regular basis.

This can enable your agency to provide care to clients in a way that they can understand and to engage their participation in the care process.

Case Study 6: Tea and Interpreting: Meeting Changing Language Needs

"Language services take time and follow-through. You have to reach out and think of every possible way to meet client needs."

— Sue Schlotterbeck, Director of Planning and Implementation, Great Brook Valley Health Center

The Program: Great Brook Valley Health Center
Services: Primary and urgent care, mental health, social services, dental care, pharmacy, laboratory, nutrition, optometry, health education, refugee health assessment, counseling and testing, health management programs, preventive programs, youth programs
Population: Hispanic (42%), Brazilian (27%), white, non-Hispanic, African immigrant, African-American, Albanian, Asian, Native American, Middle Eastern

Background

The Great Brook Valley Health Center (GBVHC) is diverse at its core—with a staff that speaks 29 languages and comes from 36 countries. Seventy percent of clients do not speak English as their primary language. The health center houses the Refugee Health Assessment Program, serving refugees from 21 countries. This program focuses on offering evaluation and diagnostic services, referrals, introduction to health care services in the U.S., and linkages with primary care.

Challenge

As the only site in Central Massachusetts offering refugee health assessments, GBVHC serves as a point of entry for many refugees. Because the center serves such a high volume of LEP populations, offering qualified language access services is a priority.

Despite years of experience, a diverse, multilingual staff and team of trained interpreters to draw upon, meeting the language needs of a constantly changing client population is a challenge.

"We have to constantly adapt, learn about new groups, and find trained interpreters who speak their language," says Sue Schlotterbeck, Director of Planning and Implementation of Great Brook Valley Health Center. "It takes a lot of coordination."

Approach

GBVHC has developed an approach to language services that has served the organization well over the years. Though the approach is adapted as new needs arise, it is broadly based on the following principles.

Keep Track of Language Trends
Schlotterbeck has done this by staying abreast of both internal and state demographic data. When she is notified of the upcoming arrival of a new LEP population, she notifies her partners who train interpreters, who then prioritize applicants who speak needed languages.

Work with Partners
When GBVHC was having difficulty finding Hmong interpreters, Schlotterbeck was able to find a qualified person by contacting the school system in a community where there was an existing Hmong population. In turn, she shares interpreting resources and knowledge with partners.

"We have to constantly adapt, learn about new groups, and find trained interpreters who speak their language. It takes a lot of coordination."

–Sue Schlotterbeck, Director of Planning and Implementation, Great Brook Valley Health Center

Work Only with Trained Interpreters

All interpreters offering services at GBVHC must complete extensive interpreter training through an organization that provides interpreter training which includes pre- and post-screenings for language fluency (such as Central Mass Area Health Education Center or UMass Memorial Medical Center).

Hire Staff Reflective of the Population

According to Schlotterbeck, having a diverse staff that reflects their service population has been key to GBVHC's successful language access program.

Train Staff to Meet Language Needs

Offering interpreter training to qualified bilingual staff has increased the ability of the center to meet increasing language needs.

Translate Materials Strategically

While GBVHC follows translation protocols for threshold populations, they approach translation strategically by:

- Outsourcing vital documents to a professional translation agency
- Using available client education materials (clearinghouses)
- Having qualified staff translate materials
- Ensuring quality of translated materials (strict review by multiple bilingual staff)

- Addressing the needs of low-literacy communities through visual materials and one-to-one communication

Enhance Client Understanding with Culturally Relevant Programs

African Women's Tea

One of GBVHC's unique approaches, the African Women's Tea offers women from diverse African countries a forum to gather, learn and discuss health topics, and share experiences. Though participants in this group come from many countries (including Burundi, Congo, Kenya, Liberia, Somalia and Uganda), they are able to communicate with each other through trained interpreters. The group has been a success, generating interesting, lively discussions and enabling refugee women to bond over common experiences.

Helpful Resources to Find Candidates for Interpreting

- Voluntary organizations (VOLAGS)
- Office of Refugee and Immigrant Services
- Mutual Assistance Associations (see Glossary)
- Universities
- Local schools
- Area hospitals

See Tool 2.2 for a list of community and volunteer organizations.

Chapter 6 Checklist:
Ensure Language Access

This checklist includes suggested ways for your agency to become more culturally competent. All agencies may not be able to accomplish these right away. Some may be goals for the future. These measures describe specific ways to document CLAS efforts when responding to Requests for Responses (RFRs) and contracts.

Step 1. Identify Limited English Proficient Populations

❍ Data from a variety of sources is collected regularly and used to identify LEP populations in the service area.

Step 2. Assess Services and Language Needs

❍ Language needs assessments are conducted regularly.

❍ Language needs and resources are taken into account when planning services.

Step 3. Plan a Language Access Program

❍ A designated coordinator oversees language access services.

❍ A written plan exists for providing language services to LEP clients in an accessible, timely and qualified manner.

❍ Clear policies and procedures exist regarding language access services.

Step 4. Deliver Effective Language Services

❍ Language services are provided in a timely manner.

❍ A documented plan exists for explaining documents and conveying information to those with limited English proficiency.

❍ Translated notices regarding availability of no-cost interpreters are posted.

❍ Important forms and documents are translated for threshold populations.

❍ Documentation exists proving competency of interpreters (e.g., résumé and copy of training certificates of trained interpreters, bilingual staff).

❍ Data is collected, documenting that interpreter services are adequately provided (e.g., interpreter services offered? Received?).

❍ Family/friend interpretation consent forms are on file.

Step 5. Adapt Programs Regularly

❍ Language access programs are evaluated on a regular basis.

❍ Data is reviewed periodically to anticipate language needs and allocate resources.

❍ Subcontractors are monitored in their efforts to provide language access to LEP clients.

Chapter 6 References

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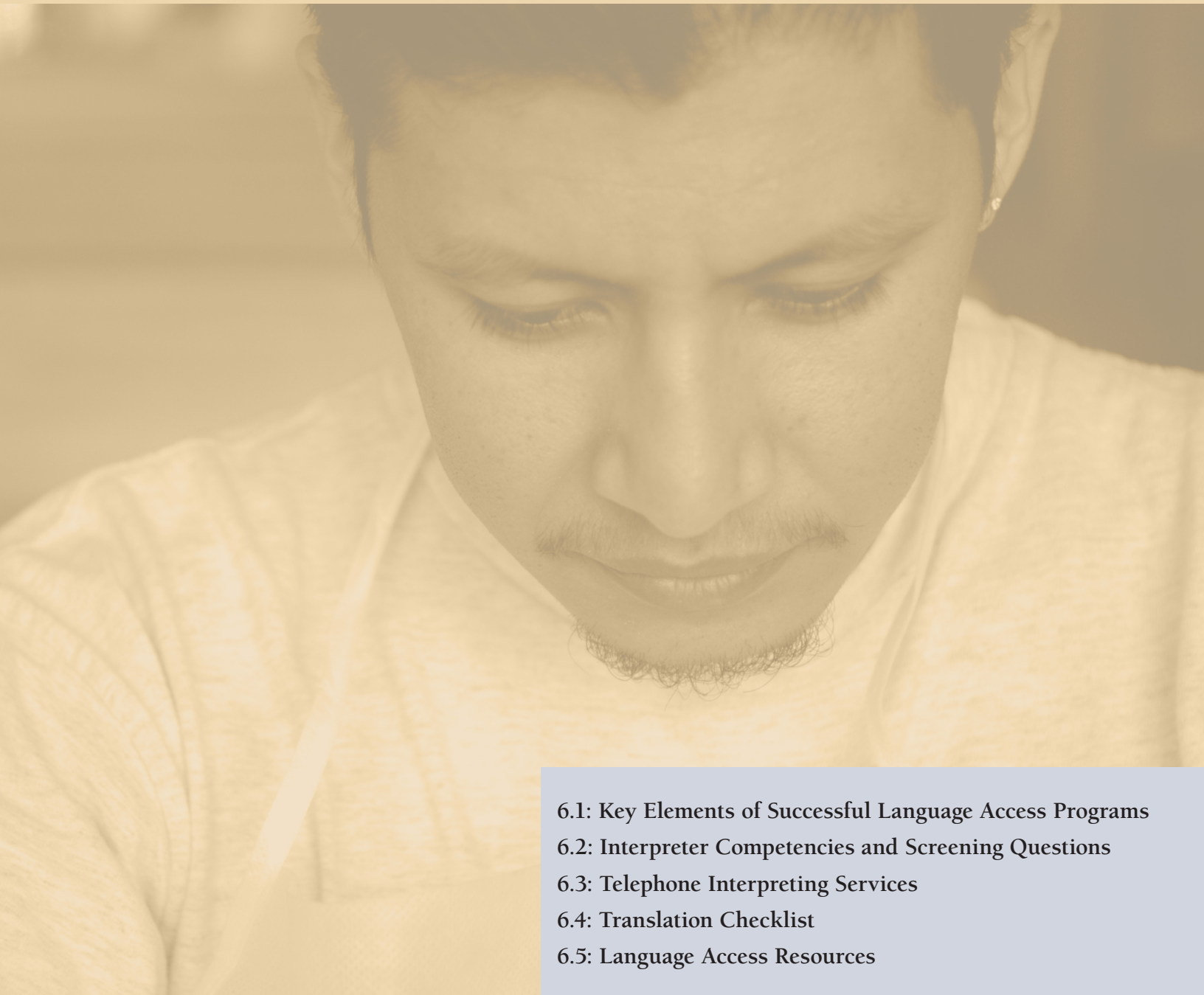
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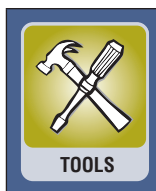
Tool 6.1: Key Elements of Successful Language Access Programs

TOOLS

While a successful language access program should be tailored to your needs, the following elements are common to a successful language access programs:

❍ An identified coordinator of interpreter services to ensure that coordination, dispatching, outreach and community language assessment activities occur

❍ Clear policies and procedures regarding the language access program that are communicated to staff across the agency

❍ Training for interpreters on medical terminology, interpreting skills and ethics of interpretation and for medical providers on working effectively with interpreters and across racial and cultural differences

❍ A system monitoring the preferred (primary) language, race and ethnicity of client. Aggregate data can be used to update languages necessary in your setting and also for assessing health disparities

❍ A system for tracking requests, providing service and evaluating service provision for interpreter services

❍ Provision of interpreter services by paid, well-trained interpreters for the non-English languages predominantly spoken in the service area. Use of a variety of models to ensure language needs of clients are met in all departments. Telephonic interpreter services are to be used only as a last resort

❍ Publicity regarding the availability of the service within the community. Seek community input in developing interpreter services

❍ Outreach to inform community members of the services
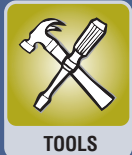
Tool 6.2: Interpreter Competencies and Screening Questions

In *Medical Interpreting Standards of Practice,* the International Medical Interpreters Association listed the following as basic competencies for medical interpreters.

Interpretation

Key competencies for an accurate and complete interpretation process include:

1. Introducing self and explaining role
2. Managing the space and positioning of the patient, provider and interpreter to facilitate communication
3. Maintaining the linguistic register and style of the speaker
4. Addressing the "comfort needs" of the patient in relation to the interpreter by being sensitive to age, gender, and other potential areas of discomfort
5. Selecting an appropriate mode of interpretation (consecutive, simultaneous, sight translation; first or third person)
6. Accurately transmitting information between patient and provider
7. Encouraging direct communication between patient and provider
8. Ensuring that the listener understands the message
9. Ensuring that the interpreter understands the message to be transmitted
10. Managing the flow of communication in order to preserve accuracy and completeness, and to build rapport between provider and patient
11. Managing the dynamics of patient, provider and interpreter communication
12. Managing personal internal conflict
13. Managing conflict between provider and patient
14. Doing a self-check on accuracy of interpretation and correcting own mistakes
15. Assisting the provider with interview closure activities
16. Ensuring that concerns raised during or after an interview are addressed and referred to the appropriate resources
17. Completing appropriate documentation of the interpreter's work
18. Following up (outside the triadic encounter), as necessary

Cultural Interface

Key competencies in understanding underlying, culturally based beliefs, values and assumptions include:

1. Using culturally appropriate behavior
2. Recognizing and addressing instances that require intercultural inquiry to ensure accurate and complete understanding

Tool 6.2: Interpreter Competencies and Screening Questions *(cont.)*

Ethical Behavior

Key competencies in ensuring ethical behavior in interpreter-assisted medical encounters include:

1. Maintaining confidentiality
2. Interpreting accurately and completely
3. Maintaining impartiality
4. Respecting patient's privacy
5. Maintaining professional distance
6. Maintaining professional integrity
7. Dealing with discrimination

These competencies were developed through the DACUM occupational analysis process.
From: Medical Interpreting Standards of Practice (1995). International Medical Interpreters Association, Education Development Center, Inc. Available at http://www.imiaweb.org/uploads/pages/102.pdf

Interpreter Screening Questions

1. What training or certification do you (or the interpreters in your service) hold?
2. How is proficiency in each language certified?
3. What training have you (or the interpreters whom you employ) had in medical terminology in English and the language(s) of specialty?
4. What training have you (or the interpreters whom you employ) had in the culture and health beliefs of the clients who speak your language(s) of specialty?
5. What training do you (or the interpreters whom you employ) have in different forms of interpreting?
6. What training have you (or the interpreters whom you employ) had in medical codes of conduct such as patient confidentiality?
7. Do you (or your agency) specialize in medical interpreting?
8. Can you provide other health agencies as references?

Screening Questions for Interpreter Services

1. Does your company supply interpreters in all sorts of fields or does it specialize in medical interpreting?
2. Where do you find your interpreters? Do they work for you full-time or are they contracted on an "as-needed" basis?
3. What are their qualifications? How is their fluency in English and the languages they interpret tested? Do they hold certificates in medical interpretation? Do they hold certificates in any other form of interpretation? Do you train them in medical ethics and confidentiality? Roughly how many years of experience does your average interpreter have? (Note: Check experience and training of interpreters in each of the languages in your service area.)

## Tool 6.2: Interpreter Competencies and Screening Questions *(cont.)*

4. What do you do when you receive a request for an interpreter for a language that is not on your general list of interpreters? How do you locate an interpreter? Are each interpreter's skills tested before he/she is asked to interpret for a client?

    Test the service by asking bilingual employees to serve as clients.
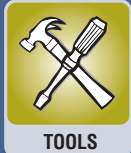
Tool 6.3: Telephonic Interpreter Services

Telephonic Interpreter Services (TIS) have grown rather quickly in the last few years. Fewer than ten years ago, AT&T Language Line was the only option for this service. Now there are many agencies, of all sizes, that offer TIS.

Carefully research agencies providing this service, as it isn't easy to provide high-quality, reliable translation. Below is a list of some of the many agencies that provide this service.

1. **Deaf Talk (Carnegie, PA)**
   http://ww.deaf-talk.com/
   Video ASL; interpreters for over 150 languages.
   Connecticut Office: Tom Hamilton, Sales & Customer Service
   Phone: 860-633-3711 **deaftalk@sbcglobal.net**

2. **Language Line Services (Monterey, California)**
   http://www.languageline.com/page/welcome/
   Includes ASL video interpretation. Monthly and usage-based fees available.
   Phone: 1-877-886-3885
   - Tele Interpreters (Glendale, California)
     (Powered by Language Line Services; 170 languages.)
     Phone: 800-811-7881
     http://www.teleinterpreters.com/index.aspx
   - Online Interpreters is now a subsidiary of Language Line Services.

3. **Pacific Interpreters (Portland, Oregon)**
   http://www.pacificinterpreters.com/contactus/contact-us.aspx
   General Inquiries: (800) 311-1232
   Sales Department: (800) 324-8060

4. **Cyracom (Tucson, Arizona)**
   http://www.cyracom.com/
   Phone: 800-713-4950

5. **AT&T Language Line**
   Phone: 800-752-6096

6. **1-800-TRANSLATE (New York, NY)**
   http://www.1-800-translate.com
   Certified interpreters in 157 languages by phone or in person; sign up on-line for immediate access to telephone interpreters.

7. **Certified Languages International (Portland, Oregon)**
   http://www.certifiedlanguages.com/
   Phone interpreters experienced in medical, insurance, financial and legal terminology, among others. Provides phone interpreters trained in specific business terminology.
   Phone: 800-CALL-CLI (800-225-5254).

Tool 6.3: Telephonic Interpreter Services (cont.)

8. **Language Learning Enterprises (Washington, DC)**
   http:// www.lle-inc.com/
   Phone: 888-464-8553

9. **New World Language Services**
   http:// www.newworldlanguages.com/
   Your cost is kept as low as possible; extensive experience in telephone
   interpretation, including medical and legal terminology. Over 200
   languages.
   Phone: 909-915-1201

10.**Quest (Sacramento, California)**
   http:// www.questsys.com
   A hospital-installed video-conferencing system. Flat-screen monitors are
   moved into exam rooms and plugged into the network. A medical staff
   member treating a non-English-speaking patient selects the language
   required. The system calls the appropriate interpreter (there are 18 currently
   on staff) whose image appears on screen. Using cameras attached at both
   ends, the translators can provide immediate remote interpretation, all day,
   every day.
   Phone: 800-326-4220

Tool 6.4: MDPH Translation Checklist

The following checklist is used by MDPH agencies in the translation process. It can serve as a model for your own process.

Steps in the Translation Process

❍ Determine target audience, their language, ethnicity, reading level, and other factors. Use language guides available from http://www.mass.gov/healthequity.

❍ Develop a list of key health messages the document will convey.

❍ Coordinate the development of materials. All materials should go through a review process before being translated.

❍ Work with individuals who represent the identified language/ethnic group to ensure materials are appropriate.

❍ Choose qualified potential translators.

❍ Obtain an itemized estimate in writing from the translator/agency to establish cost (whether per word, per page, or per project), turnaround time and project management fees, and to document any special instructions prior to assigning the project to the translator.

❍ Develop a budget and timeline for translation completion.

❍ Make arrangements to ensure translation will be proofread/edited by a second translator, either by requesting this service from the translation agency when obtaining a cost estimate or, if working with an individual translator, by selecting a second translator to perform proofreading/editing services.

❍ Review key messages and technical terms with the translator.

❍ Field-test the first draft of the translation with representatives of the target audience (community providers, community residents).

❍ Negotiate any changes or discrepancies, if needed, by utilizing the Office of Public Health Strategies and Communications' (PHSC) glossaries at http://www.mass.gov/healthequity or by contacting PHSC.

❍ Make sure that the final translation document includes references, in English, to the document title and the language into which it has been translated (preferably in the lower corner of the document). This will allow your staff to identify the appropriate language for distribution.

❍ Have the final typeset copy proofread by a translator before the document is printed.

❍ Make a back-up copy of final translation, image files, and fonts – especially non-Roman characters. Be sure to have alternative formats (e.g. PDF and Rich Text) for all documents that will be posted online.
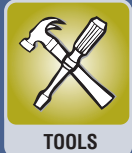
Tool 6.5: Language Access Resources

Web Resources

Office of Health Equity
Massachusetts Department of Public Health
http://www.mass.gov/dph/healthequity.htm
The Office of Health Equity Web site includes a number of helpful resources including translation guidelines, telephonic interpreter contacts, audience language guides and translation glossaries.

Limited English Proficiency (LEP): A Federal Interagency Website (LEP)
http://www.lep.gov
The Web site of the Federal Interagency Working Group on Limited English Proficiency. Offers an overview of laws and LEP guidelines; language access plans; interpretation and translation resources; Frequently Asked Questions; planning tools; language assistance planning and self assessment tools; and the guidebook "Limited English Proficiency: What Federal Agencies and Federally Assisted Programs Should Know About Providing Services to LEP Individuals."

A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials
National Center for Cultural Competence, Georgetown University
http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf
Provides guidance on how to assure that health promotion materials reflect the principles and practices of cultural and linguistic competence.

A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations
Office of Minority Health
http://www.omhrc.gov/templates/content.aspx?ID=4375
This guide was designed to help health care organizations implement effective language access services to meet the needs of their limited English proficient (LEP) patients.

AMA Foundation health literacy videos
American Medical Association
http://www.ama-assn.org/ama/pub/category/8035.html

Interpreting and Translation Associations/Guidelines

American Translators Association (ATA)
http:// www.atanet.org

ATA, Interpreter's Division
http://www.ata-divisions.org/ID
Offers tips to providers of health care and social services on working with interpreters.

International Medical Interpreters Association
http://www.imiaweb.org
Includes a wealth of information and resources, including interpreter competencies, training resources, links to dictionaries and language resources, among others.

Tool 6.5: Language Access Resources (cont.)

National Council on Interpreting in Health Care
http://www.nchic.org

New England Translators Association
http://www.netaweb.org

Interpreter Training

Massachusetts Interperter Training Programs

CultureSmart (Lynn, MA)
http://www.culturesmart.org
Culturesmart offers a 45-hour Medical Interpreter Training Program.

Medical Interpreter Certificate, Combined Legal and Medical Interpreter Certificate
Boston University
http://www.bu.edu/professional
Offers a medical interpreting certificate program, as well as the only combined legal and medical interpreter certificate program in New England. The 12- to 15-month program is designed to train bilingual individuals to deliver interpreter services in both medical and legal settings.

Cross Cultural Communication Institute at CCCS, Inc.
http://www.cccsorg.com
The Art of Medical Interpretation is a 54-hour training program approved by the American Translators Association. Training sessions focus on interpreting technique, cultural competency and ethics, developing specialized glossary and mastering medical terminology. Offered in Brockton, MA and Nashua, NH.

Medical Interpreter Program
Cambridge College
Cambridge, MA
http://www.cambridgecollege.edu
Cambridge College offers Medical Interpreter certificate programs in Medical Interpreting, American Sign Language Medical Interpreting and Mental Health Interpreting.

Online Training Resources

Connecting Worlds Curriculum
http://www.calendow.org/Collection_Publications.aspx?coll_id=26&ItemID=316#
The Connecting Worlds curriculum, funded by The California Endowment, is an introduction to health care interpreting that combines a variety of teaching methods and materials, including lectures, videos, large group discussions, small group activities, role-plays, research and homework.

Translation Resources

Refugee Health and Information Network
http://www.rhin.org
A database of quality multilingual, public health resources for those providing care to resettled refugees. Resources include translated health education materials, provider tools and links to related Web sites.

The Translator's Home Companion
http://www.lai.com/lai/companion.html
This site provides access to and information on online glossaries, translation software and engines, translation agencies, other translation products, a directory of translators, and more. As its title suggests, it is intended to be an all-around resource for translation information on the Web. It is strongest on European languages, but features non-European languages as well. The site is a product of Language Automation, a company that provides multilingual services for Web sites.

Multilingual Health Resources and Translated Health Promotion Material

Massachusetts Health Promotion Clearinghouse
http://www.maclearinghouse.com
The Massachusetts Health Promotion Clearinghouse is a central resource for Massachusetts-developed health education materials, available in multiple languages.

"I speak" cards
U.S. Department of Justice
http://www.usdoj.gov/crt/cor/Pubs/ISpeakCards.pdf

Search engines
Many Internet search engines have options for searching sites in specific languages. Look around on the search engine's home page for something like "language" or "preferences."

Google
One of the best search engines as of June 2009. At www.google.com/preferences the user can choose from 125 languages. Alternate fonts may be necessary for some languages.

Yahoo!
Scroll down Yahoo!'s home page to find Yahoo in other countries. As of June 2009, countries featured were Argentina, Brazil, Canada, China, Denmark, France, Germany, Hong Kong, India, Ireland, Italy, Japan, Korea, Mexico, Norway, Singapore, Spain, Sweden, Taiwan, and UK. Clicking on these will bring you to a Yahoo! menu that includes health sites, or to a page saying you need to be able to view a particular writing system in order to use the site.

Tool 6.5: Language Access Resources (cont.)

AIHA Multilingual Document Library
http://www.aiha.com/english/health/transmat/index.cfm
The American International Health Alliance (AIHA) provides hundreds of health promotion materials in the languages of the former Soviet bloc, including eastern and central European and central Asian languages. Many are full-text; for others, sources are provided. There are 577 items in Russian alone. Alternate font capabilities may be required for some materials.

SPIRAL: Selected Patient Information Resources in Asian Languages
http://www.library.tufts.edu/hhsl/spiral/web.shtml
Joint initiative of South Cove Community Health Center and Tufts University Health Sciences Library; designed to meet consumer and health care provider needs of the South Cove community, with consumer information in Chinese, Cambodian/Khmer, Hmong, Korean, Lao, Thai, and Vietnamese.

Diabetes Australia Multilingual Internet Resource
http://www.multilingualdiabetes.org/healthpros/healthpros.htm
Materials on numerous diabetes subjects in Arabic, Hindi, Chinese, Thai, Vietnamese, Ukrainian, Turkish, Italian, Greek, and Indonesian.

Medicinatv
http://www.medicinatv.es
Spanish-language site that links to 10,000 health-related sites.

Multilingual Health Education Net
http://www.healthtrans.org/cgi-bin/doc_user.exe
Canadian site sponsored by the British Columbia Ministry of Health, the Department of Canadian Heritage, the Vancouver Foundation, and partner agencies. Materials in Chinese, Farsi (Persian), Hindi, Korean, Somali, Vietnamese, English, French, Italian, Punjabi, and Spanish.

NOAH: New York Online Access to Health
http://www.noah-health.org
A bilingual English and Spanish Web site providing hundreds of online health promotion brochures in English and Spanish.

National Women's Health Information Center
English: http://www.4women.gov
U.S. Government-approved women's health information.

Directorio de Recursos/Resources Directory
Patient Education for University of Utah Health Sciences Center
http://www.med.utah.edu/pated/handouts/indexspan.cfm
Numerous patient education materials in Spanish.

Tool 6.5: Language Access Resources (cont.)

Further Reading

Policy Guidance: Title VI Prohibition Against National Origin Discrimination As it Affects Persons with Limited English Proficiency Department of Health and Human Resources, Office of Civil Rights http://www.hhs.gov/ocr/civilrights/specialtopics/lep.html

Youdelman, Mara and Jane Perkins. 2002. *Providing Language Interpretation Services in Health Care Settings: Examples from the Field,* Quality of Care for Underserved Populations, The Commonwealth Fund, New York, http://www.cmwf.org

Torres, Brunilda. 2001. *Best Practice Recommendations for Hospital-Based Interpreter Services.* Massachusetts Department of Public Health. Available from http://www.mass.gov/dph/omh/omh.htm.